UCSF
Newsbreak

News for the UCSF Campus Community

VOL. 12, NO. 5 MARCH 15, 1997

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Campus to honor five who help women advance at UCSF

By BRAD FOSS

Five women who have been unwavering in their support of women seeking better career opportunities at UCSF, will be honored on April 7 with the Chancellor's Award for the Advancement of Women.

This year's award recipients are: Kathleen Giacomini, professor of biopharmaceutical sciences; Carolyn Koster, management service officer of the department of stomatology; Karen Newhouse, special assistant to the vice chancellor of administration; Rebecca Jackson, a resident in the department of obstetrics, gynecology and reproductive sciences; and Lisa Kim-Shapiro, a graduate student in the department of pharmaceutical chemistry.

Giacomini is the author of "Advancement and Promotion at UCSF: A Survival Guide," created in response to concerns from female and minority faculty who believe they are not given fair consideration for promotions on campus. "You need as much information as you can get to get through the complex promotion process. This book is like a paper mentor," Giacomini says. A former chair of the University Equal Opportunity Committee, she addresses audiences on and off campus on the importance of mentoring young faculty members as a way to help them achieve their career goals.

"We still have a way to go. When you look at the higher-level positions at UCSF, we still are not seeing a proportionate number of women," she says.

Giacomini served on the Chancellor's Advisory Committee on the Status of Women (CACSW) for six years and was instrumental in developing UCSF policies affecting women, such as the guidelines on sexual harassment and childbearing/childrearing.

Also determined to assist women in their professional lives was Koster, who recently retired. She was chair of ABOG's Mentorship Committee, which helps open doors for entry-level employees by pairing

(See **Women** on page 2)

Chris T. Anderson

Japanese physicians, from left, Masaaski Adachi, Masaru Shimizu and Tetsuo Kawaguchi discuss how they care for AIDS patients during an interview at UCSF.

Closing the gap in AIDS care in Japan

By LISA CISNEROS

Sent by their government to learn about AIDS and how to care for HIV-infected persons, Japanese physicians are visiting UCSF in an ongoing partnership to promote understanding, treatment and prevention of the disease.

Along with a tour through the Castro and visits with AIDS patients, Japanese physicians interact with clinicians and researchers at UCSF, one of several academic medical centers participating in the exchange program sponsored by the Japanese Ministry of Health and Welfare.

Mitchell Feldman, assistant professor of medicine and research scientist at the UCSF Center for AIDS Prevention Studies (CAPS), and Thomas Coates, CAPS director and professor of medicine and epidemiology, have been working with Japanese AIDS prevention experts over the past two years in part to help improve Japan's response to the AIDS epidemic. As a result of this work, the Ministry of Health asked CAPS to organize a training program in AIDS care for Japanese physicians. This program, the International Medical Program for AIDS Clinical Training or IMPACT, directed by Feldman, permits Japanese doctors to observe AIDS care at several sites at UCSF and to visit community AIDS prevention organizations.

"We have an exciting opportunity to influence many of the future leaders in AIDS prevention and treatment in Japan," says Feldman. "Through this program, we hope in a small way to help Japan avoid some of the tragic mistakes we have made in our response to the AIDS epidemic, and we also hope to share some of our successes in AIDS prevention with these physicians."

This entails teaching the Japanese a multidisciplinary approach to address the medical, social and emotional needs of patients who often benefit from knowledge gained from the latest research into all aspects of the disease.

(See **Japan** on page 2)

UCSF scholars condemn human cloning, defend pursuit of science

By BRAD FOSS

Since learning three weeks ago that scientists in Scotland had cloned an adult sheep, several scholars at UCSF have taken a firm ethical stance against the potential for using this technique on humans.

But while they abhor the notion of cloning people, UCSF scientists are concerned about the advent of well-intentioned public policy that could impede future scientific discoveries beneficial to us.

Tracy Ware, fifth-year graduate student of the Program in Biological Sciences (PIBS), says, "I don't think you can hold science up to ethical questions of what might happen all the time. Should we have stopped the physics research that went into the making of the atomic bomb? Most people would say no. We should have stopped the bomb, not physics research, because the physics research was monumental."

The scientific process at issue, patented by Ian Wilmut of the Roslin Institute in Edinburgh, involved removing the nucleus of an unfertilized egg and substituting the nucleus of a cell taken from the udder of an adult sheep. Once the egg was 'fertilized' by the donor cell, the growing embryo was implanted into a surrogate ewe, which later gave birth to Dolly, the world's first mammal ever to be cloned from the DNA of an adult cell. Soon after news of Dolly's birth was revealed, researchers in Oregon announced they had transferred genetic information from one rhesus monkey embryo to another, making the idea of human cloning even more palpable.

President Clinton's National Bioethics Advisory Commission will report on the legal and ethical implications of human cloning to the President, who has banned federal funding for this type of research and has asked for a moratorium in the private sector.

Bernard Lo, professor of medicine and member of the President's bioethics advisory commission, says "The public concern has to do with very deep concerns about identity and parenting. Human cloning flies in the face of deeply held beliefs of family."

Lo added that we need to be concerned that technology could be used by people with nefarious goals. "Eugenics is a real concern, and these types of ideologies are not going to go away," he says. "We must ask ourselves, are there other ways to reap the benefits of this research without running the same risks of abuse?"

Indeed, we can, says Roger Pedersen, a professor in the ob/gyn department's reproductive genetics unit. "Nobody is attempting to clone human embryos, or humans, period. It is not going to be done," he says. "So a ban on human cloning itself will not impede any current or planned studies."

However, Pedersen says, a ban must be written carefully so it doesn't stifle other kinds of research. "There is no reason to feel threatened by studying nuclear transfer in animal and human cells in vitro, without the risk of gestation," he says.

But regardless of whether research is or is not harmful to society, says Renee Williard, a postdoctoral fellow at the Institute for Health Policy Studies, it is scientists' obligation to inform and edu-

(See **Clone** on page 3)

UCSF considers Mission Bay as site for second campus

UCSF's five-year search for a new campus site may lead to a recommendation to the UC Regents to build at Mission Bay in San Francisco.

University officials are considering an offer for free land and clean-up of any hazardous materials in the southern part of Mission Bay. The City and Catellus Development Corp., owner of the property, together would donate 43 acres for UCSF's proposed $800 million second campus, according to Bruce Spaulding, vice chancellor of University Advancement and Planning.

If negotiations and number-crunching get favorable results, UCSF officials could recommend the site to the UC Regents, who are expected to discuss the matter when they meet March 20 at Laurel Heights.

Alameda and Brisbane are also finalists in the bid for UCSF's expansion, part of a 15-year plan to relieve overcrowding on the Parnassus campus and to consolidate smaller satellite locations.

The Mission Bay proposal follows an

(See **Campus** on page 6)

Infections mount due to ban on needle exchange programs

Needle exchange programs could have prevented nearly 10,000 HIV infections among intravenous drug users, their sex partners and their children in the US since 1987, according to a UCSF study published in the March 1 issue of the medical journal The Lancet.

The authors also reported specific data for 16 of the largest cities in the US, estimating that the number of preventable infections range from 2,308 in New York City to 14 in Gary, Ind., for 1987-95. Treatment costs related to these infection rates are calculated at $128.4 million for New York City and $778,960 for Gary.

If needle exchange programs (NEPs) were established now, study co-authors say an additional 11,300 HIV infections could be prevented in the US by the year 2000.

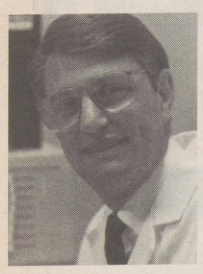
"Removing the US government ban on NEP funding and accelerating the growth of NEPs in the US are public health priorities as urgent as any in the HIV epidemic," say co-authors Peter Lurie, a researcher at the UCSF Center for AIDS Prevention Studies, and Ernest Drucker, professor of epidemiology and social medicine at Montefiore Medical Center/Albert Einstein College of Medicine, New York.

The team determined estimates for both the Lancet study and the 16 cities based on a formula that accounted for NEP effectiveness, how often injecting drug users use NEPs, sexual transmission of the virus among them, and secondary HIV transmission to their sex partners and children. They obtained data from published epidemiological and mathematical studies, government reports and consultations with needle exchange researchers and drug abuse experts.

By revoking laws that ban federal funding for NEPs, as well as those state laws that impede pharmacy access to sterile syringes, "we can still greatly reduce the number of HIV infections that will otherwise occur," Lurie says.

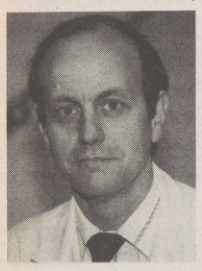
Honors & Awards

Roy Filly, professor of radiology and obstetrics: To receive the Fry Memorial Award from the American Institute of Ultrasound in Medicine at its annual meeting in San Diego on March 25. The award recognizes Filly's significant contributions to diagnostic ultrasoundography.


Filly

Mark A. Goldsmith, assistant investigator, Gladstone Institute of Virology and Immunology and assistant professor of medicine, UCSF: Received the 1997 Young Investigator Award from the Western Society for Clinical Investigation/Western Section of the American Federation for Clinical Research, presented at the annual meeting of these societies in Carmel. This honor recognized recent studies in the laboratory of molecular mechanisms underlying co-receptor utilization and cellular entry by HIV.

David A. Grimes, professor and vice chair of obstetrics at SFGH: To receive the American College of Obstetricians and Gynecologists' Distinguished Service Award in recognition and appreciation for his outstanding contributions to the discipline of obstetrics and gynecology. Grimes received a unanimous vote by the executive board of the college, which will present the award on April 30 during its annual clinical meeting in Las Vegas.


Grimes

Women (from page 1)

them with senior staff members, thus creating an internal networking system. She was a leading member of CACSW for 15 years and contributed to the soon-to-be-published handbook titled "Getting from Here to There: A Guide to Staff Career Mobility at UCSF."

"Because the UCSF population of non-management administrative staff is mostly female, these programs have been of particular importance in helping to advance the careers of women on campus," says John Greenspan, chair in the department of stomatology.

But while Koster did much to educate women about succeeding in the workplace, she also tried to convey the idea that "it's okay if you don't want to keep advancing. Obviously, there are times when you want to work on other aspects of your life."

Newhouse founded Circle of Sisters, a support group that builds networks for black women at UCSF, in 1991. "This group enables us to cry in a safe environment if we need to, and to edify one another and give each other the courage to hope that things will get better here," Newhouse says. There's still a lot of work to be done toward balancing the scales of employment opportunities for black women, she adds.

Alma Sisco-Smith, coordinator of sexual harassment prevention and resolution, says Newhouse "continues to exhibit the kind of courage and self-determination that is crucial for progress and social change."

Jackson, a resident in the department of obstetrics, gynecology and reproductive sciences, was a member of the UCSF Women's Medical Student Association and the American Medical Women's Association. During that time, she surveyed current and previous medical students to determine the types of problems they encountered, where they went for assistance and the quality of the assistance they received. Subsequently, the ombudsperson program was established in the School of Medicine to assist with conflict resolution. "She is determined, diplomatic and resourceful in her efforts to help women," says Mary Croughan-Minihane, associate adjunct professor of family and community medicine.

In addition to being the editor and publisher of the Women in Life Sciences newsletter, Kim-Shapiro organizes events for this group and the annual Take Our Daughters to Work Day at UCSF (which is being celebrated this year on April 24). She also leads hands-on science clubs for middle school girls through the Women's Triad Project, and served as a student representative to CACSW.

Says Liza Crosse, graduate program coordinator in the department of pharmaceutical chemistry, "She is the first person who comes to my mind when I know of a woman student who needs assistance or advice from a peer."

UCSF Pediatric HIV Program gets four-year grant

By CORINNA KAARLELA

The UCSF Pediatric HIV Program is one of 21 clinical centers in the US selected to receive major funding from the National Institute of Allergy and Infectious Disease.

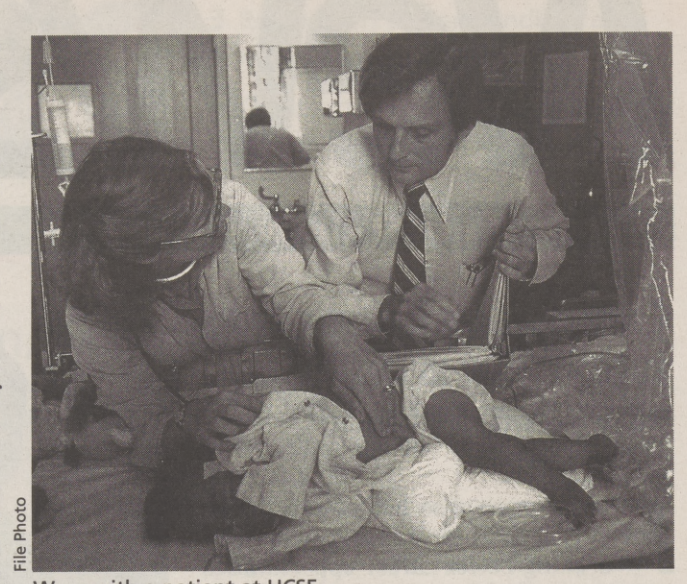
Directed by Diane W. Wara, the UCSF program focuses on both treatment and research in pediatric HIV, as well as psychosocial issues. Wara, who also is director of the UCSF Pediatric Clinical Research Center, is principal investigator of the new four-year grant.

The UCSF Pediatric HIV Program is a member of the Pediatric AIDS Clinical Trials Group (PACTG), a network of institutions throughout the country dedicated to evaluating new strategies to prevent infants of infected mothers from acquiring HIV in utero or during birth, and to the treatment of children and adolescents already infected with the virus. PACTG is sponsored by the National Institutes of Health.

First-year funding for the 23 programs totals $32 million.

The funded UCSF Pediatric HIV Program has three clinical subunits. Clinical directors are Alejandro Dorenbaum at UCSF, Ann Petru at Children's Hospital, Oakland, and Karen Beckerman at the Bay Area Perinatal AIDS Center based at San Francisco General Hospital.

Because most children acquire HIV from their mothers, the UCSF program provides comprehensive care to both groups of patients. It currently oversees the care of more than 160 families from throughout Northern California and as far south as Bakersfield, totaling some 3,000 patient service contacts over the past year.


File Photo
Wara with a patient at UCSF

The scientific component of the UCSF program emphasizes research in understanding the causes of HIV progression, HIV transmission from mother to child, immune-based therapies, and prevention of HIV-related complications.

The manifestations of HIV infection in children differ significantly from those of adults, Wara says. Children, for example, frequently develop symptoms sooner with more direct and severe brain damage and often with growth retardation. New treatment advances have enabled children with HIV infection to live longer, so pediatric HIV has evolved into a chronic, long-term illness that often requires home visits from a patient care team, she adds.

To date, the PACTG has initiated 60 clinical trials, with a cumulative enrollment since 1987 of 10,687 children, adolescents, and pregnant women at UCSF and other institutions in the group.

For more information on pediatric trials open to enrollment, call the AIDS Clinical Trials Information Service at 800/TRIALS-A.

Japan (from page 1)

The partnership has at the very least enlightened both sides about the importance of international cooperation in fighting AIDS. That principle formed the basis of the collaboration between CAPS and the Japanese Foundation for AIDS Prevention (JFAP), a semigovernmental agency working to improve AIDS care to the estimated 6,000 HIV-infected people in Japan.

Japan is stepping up efforts in AIDS care as part of a 1996 settlement to lawsuits filed by scores of hemophiliacs against pharmaceutical companies and the central government, which imported infected blood from the US. Japan's prime minister apologized for the government's knowledge of the danger of using blood products that were not heat-treated as early as 1983, even though the process was not required until 1985.

Today, with increasing numbers of infections due to sexual contact, the Ministry of Health is becoming more responsive to public and expert opinion. Last week a team of four Japanese physicians, the fourth group to come to UCSF, shared their experiences caring for AIDS patients during an interview.

"I have seen only one patient on my own," says Masaru Shimuzu, director of the Critical Care Medical Center in Gifu. "I am expecting to see and share more of your clinical experiences with AIDS patients. Also, I understand that social support around people with AIDS is extremely important. I would like to understand and I would like to implement whatever I can when I go back to Japan."

Tetsuo Kawaguchi, chief director of internal medicine at the Kofu Municipal Hospital, about 50 miles east of Tokyo, has seen 41 patients, about half of whom are from Thailand and the Philippines.

The higher numbers of AIDS patients in the larger cities tells another story. Some flee to more sophisticated care rather than stay in their small community, where they may feel ostracized or are shunned by hospitals ill-equipped to meet their needs.

A UCSF patient, who requested anonymity, left Japan to be treated in the US. "I did not leave because I wanted 'out of Japan.' But rather I was forced to take action for the sake of my health and overall long-term health and well being." He says AIDS care in Japan lags behind the US partly because of the lack of approved drugs to fight the progression of the virus, the medical establishment's approach to treatment and the lack of adequate information and support services for HIV/AIDS sufferers.

The government's initial inaction may stem from its style of setting public policy by centralized authority without the benefit of research to guide it, wrote Shohei Yonemoto, a researcher at the Mitsubishi Kasei Institute of Life Sciences in Tokyo. "It is a concept deeply embedded in Japanese society, based on the belief that the central government is the highest authority," Yonemoto wrote in a soon-to-be released supplement of the Journal of Acquired Immune Deficiency Syndrome (JAIDS). "It strongly affects decision-making regarding medical care, in that many policies are set without the guidance of either the public at large or physicians and scientists." A case in point, Japanese physicians did not help draft the AIDS Prevention Act of 1987.

But while the US and Japan have a history of success in containing the spread of contagious diseases and have the economic, scientific and institutional power needed to implement effective prevention strategies, both countries have a long way to go to curb AIDS.

"We have discovered that our mutual strengths are threatened by similar problems: a lack of openness in both nations to discussing some important aspects of AIDS prevention, such as sex education, and fear and prejudice by some in the medical community about treating AIDS patients," Feldman says.

Indeed, some doctors in both countries refuse to treat patients with HIV/AIDS. Japanese doctors also face issues such as patients' rights to confidentiality and consent to HIV testing. For example, Japan's treatment manual states that prior patient consent is required before HIV testing, but also advises physicians to assess the patient's "state of mind and personality" before deciding when and how to explain test results.

For Masaaki Adachi, a professor of internal medicine from Sapporo University, making an AIDS diagnosis is a conflict in culture and common sense. He first asks the patient's family for direction on breaking the news. "They sometimes want to keep a secret," he says. "But eventually we have to tell them for prevention purposes."

"We are still in the process of learning how to inform people," Kawaguchi says.

Private Support

UCSF is pleased to acknowledge the following listing of gifts/pledges of $25,000 or more from individuals, corporations and foundations received February 16-28, 1997.

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Deadline for the next issue, to cover March 29–April 11, 1997, will be on **Tuesday, March 18.** Please send news to Lisa Cisneros, 476-3256 or (cisnero@itsa.ucsf.edu), and calendar items to Brad Foss, 476-3163 or (bfoss@itsa.ucsf.edu), both at Box 0462. Fax last-minute copy to 476-3541. For address and distribution changes, call C.J. Burleson at 476-6791. The University of California is an affirmative action/equal opportunity employer. UCSF fully ascribes to the Americans with Disabilities Act. To view this communication in an alternate format, contact Cisneros at 476-3256 with your suggestions.

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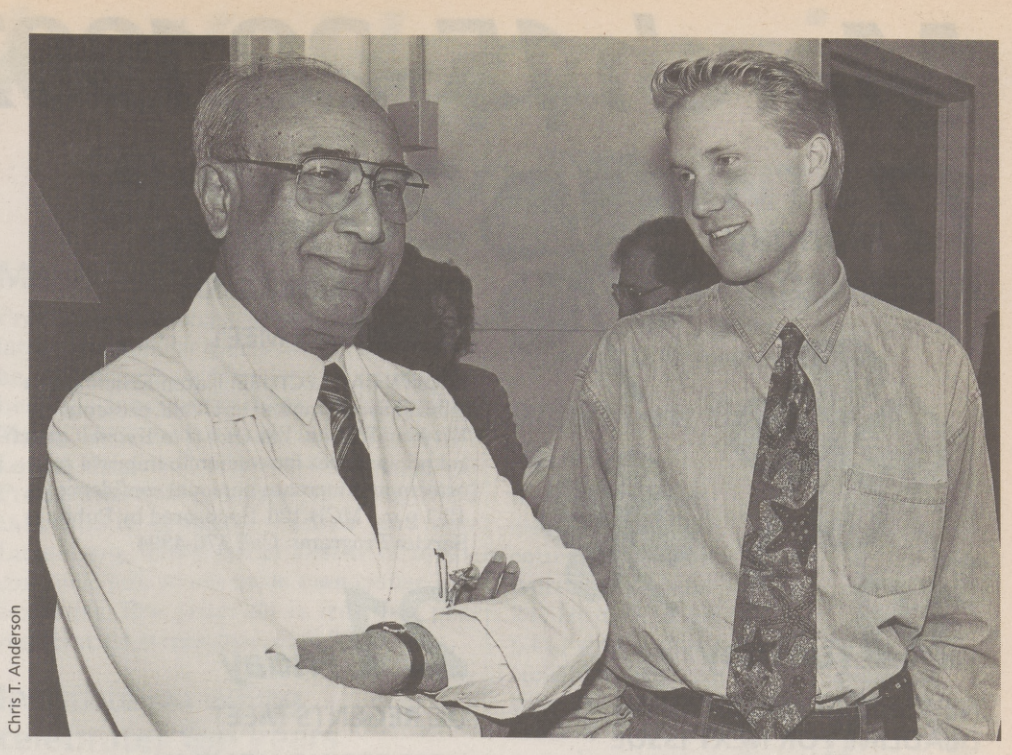
UCSF ranks in top three for NIH funds

Maintaining the same rankings as last year, UCSF's four schools received more than $211 million — $12 million more than 1995 — from the National Institutes of Health (NIH) during the federal fiscal year of Oct. 1, 1995 through Sept. 30, 1996. NIH funds support UCSF's academic research enterprise and are awarded in the form of research and training grants, contracts and fellowships.

Current Rank	Institution	Dollars (in millions)	Number of Awards
SCHOOLS OF DENTISTRY			
1	**UCSF**	$12.6	49
2	University of Washington	8.1	34
3	University of Pennsylvania	6.6	31
4	University of Michigan	5.7	30
5	University of North Carolina	5.5	26
SCHOOLS OF MEDICINE			
1	Johns Hopkins University	$203.9	681
2	**UCSF***	179.6	612
3	Washington University	162.4	573
4	Yale University	159.3	573
5	University of Pennsylvania	149.0	567
SCHOOLS OF NURSING			
1	University of Washington	$7.1	29
2	University of Pennsylvania	5.9	20
3	**UCSF**	4.9	28
4	University of North Carolina	3.4	14
5	University of Illinois	2.9	19
SCHOOLS OF PHARMACY			
1	**UCSF**	$14.1	52
2	University of Utah	6.3	30
3	University of Arizona	5.7	14
4	University of Kansas	4.8	21
5	Purdue University	4.1	23

*Includes Langley Porter Psychiatric Institute
Source: NIH



Chris T. Anderson

Residents dedicate room to Chatterjee

Chief resident Scott Flanders, right, stands by Kanu Chatterjee, long-time professor of medicine, before the new resident education center on the ninth floor of Moffitt Hospital was named in honor of Chatterjee. Flanders and another chief resident, Chris Goss, designed the space for residents with lockers, computers with workspace and a table and seating.

New asthma device, advice for treatment

UCSF researchers tested a novel asthma device and helped shape new treatment guidelines that may help both asthma sufferers and their doctors control the disease.

Homer Boushey, chief of the Asthma Clinical Research Center at UCSF and professor of medicine, and Susan Janson, professor of community health systems and medicine, joined with colleagues in the NIH-supported Asthma Clinical Research Network to evaluate a new inhalation device that both records and regulates the amount of asthma drug inhaled by patients.

According to Boushey, the SmartMist device ensures that the doctor will know if the patient actually took the medication as often as prescribed and used the correct technique. The device thus enables physicians and researchers to determine if the treatment they are testing actually works.

Both Boushey and Janson also were part of a panel that developed national guidelines for asthma treatment. Among the new recommendations are: a stepwise approach to using asthma medications that puts more identification of new classifications of asthma severity, which are linked to treatment alternatives, and a greater focus on teaching asthma self-management and prevention to patients.

"Adherence to asthma treatment plans depends on open communication between patient and physician and an individualized approach," Janson says. "There needs to be a renewed emphasis on evaluating outcomes from the perspective of the patient's quality of life and ability to engage in usual daily activities."

As with the 1991 guildelines, the new set says education is the cornerstone of asthma management. The new report calls for starting education at the time of diagnosis and integrating it into every step of clinical asthma care.

Devices such as SmartMist, made by the Hayward, Calif., company, Aradigm, have great potential for teaching patients the correct way to use inhalers. It contains a microprocessor that regulates the release of asthma drugs from an inhaler, so that they are only released if the patient is using correct inhalation technique. The device releases the drug shortly after inhalation has started and then only if the person breathes at a specific, slow rate. In addition, the device provides visual feedback telling the patient to continue inhaling and to hold his or her breath for 10 seconds, thus serving as an educational tool.

— News writers Mary Jean Pramik and Jeffrey Norris contributed to this report.

Clone (from page 1)

cate the public about their research. Scientists should participate in public discussion and debate around the ethics and societal implications of new technologies, she says.

"Not many basic scientists seem to involve themselves in these types of discussions, which is unfortunate. Part of the draw of basic science is to be able to reduce questions and problems into more concrete, black and white facts," Williard says. "Ethical questions and policy are by nature gray, and tend not to be an area that attracts the interest of most basic scientists."

But as the bounds of nature are expanded by discoveries such as Wilmut's, scientists will be asked to explain, and justify, the significance of their work to a broader audience.

"There will always be new scientific and technical breakthroughs, but the big news is really how it will affect people's lives and, almost more importantly, how people think it will affect their lives," says Hernan Espinoza, a graduate student at PIBS.

Diane Wakeham, a first-year pharmaceutical chemistry student, says regardless of the ethical guidelines set by policymakers, advances in biomedical science will always be a double-edged sword. She says, Wilmut's research "can lead to significant clinical benefits to society, but in light of the ethical questions raised, I have to wonder whether the good outweighs the bad."

Congressional action to settle tobacco lawsuits unwarranted

By REBECCA HIGBEE

The rush to resolve tobacco litigation through congressional action poses enormous risks to the public health, UCSF researchers say.

"To rush into a settlement without adequately considering how it would impact public health would not only be premature, but it would be a huge mistake," says lead author Stanton A. Glantz, professor of medicine and researcher at the UCSF Institute for Health Policy Studies (IHPS).

"We do not know the full extent of the industry's wrongdoing or liability," he says. "Important information continues to come out of the discovery process associated with litigation."

In a commentary published in the March 5 issue of the Journal of the American Medical Association (JAMA), researchers say important public policy questions must be discussed before a decision is made on any legislative settlement. Among the questions they want answered are:

- What are the public costs and benefits of having a global solution that would preempt evolving local solutions?
- What are the legal and ethical implications of selecting a single industry for special consideration in avoiding application of the law?
- Should the financial portion of any settlement seek to fully reimburse society for the cost of smoking or should it be linked to tobacco industry profitability?
- What effect would incomplete disclosure have on ongoing criminal investigations of the tobacco industry and its officers?

"These and other questions raise issues that are equally relevant to a potential global resolution and to potential settlements of the individual attorney general actions and the private class action suits," say co-authors Brion J. Fox and James M. Lightwood, postdoctoral fellows at IHPS, and Glantz.

In their JAMA commentary, authors put into historical context the large network of public and private legal resources arrayed against the tobacco industry, which includes a consortium of more than 60 major products liability firms that have mounted a series of state class action suits regarding nicotine addiction. In addition, the state attorneys general of 22 states, as well as 15 cities and counties, have, with the cooperation of the private bar, brought suits designed to recover the costs to taxpayers of treating tobacco-induced illness.

The authors say these actions have shifted the focus of tobacco policymaking out of Washington, DC, and back to states and cities, where the chances of a favorable outcome are much higher. These actions for the first time present the tobacco industry with legal opposition with sufficient resources to thwart its "war-of-attrition tactics," according to the commentary.

Recent class action law suits brought against tobacco companies created discussions in 1996 of a congressionally sanctioned global settlement, which would have encompassed not only all litigation surrounding the tobacco industry, but also Food and Drug Administration regulations finding that tobacco products were nicotine delivery devices and imposing modest restrictions on tobacco advertising and promotion. In exchange, the tobacco companies would gain protection from most lawsuits. The authors caution that there needs to be a special awareness of the potential conflicts of interest between the private attorneys involved in tobacco litigation and the public interest.

"There is a tremendous pressure on law firms to accept an agreement that would permit them to reap substantial fees today rather than continue to incur substantial expenses as litigation drags on," the authors say. "This tension heightens the importance of the need for the attorneys general and the public health community to insist that the public interest be protected."

March 15–28, 1997

17 Monday

ST. PATRICK'S DAY

18 Tuesday

NEWSBREAK/MEDSOUNDS DEADLINE FOR NEXT ISSUE

AGING AND THE HUMAN SPIRIT: Paul Takayanagi, director and executive committee member of the Institute of Spirituality and Aging, will present a workshop which focuses on major life transitions, including mid-life and late-life issues that greatly influence psychological well-being and the physical and spiritual health of a person. For location, time and registration, call 510/649-2566.

NEW EMPLOYEE ORIENTATION: S 214, 8:30-10:30 a.m. Call Lenard Florendo at 476-1073 to schedule.

MEDITATION CLASSES: Conducted by Brahma Kumaris Meditation Center and sponsored by the Institute of Healing Arts and Sciences. N 423, 12-1 p.m. Free. Call 563-4459 to register.

WORK FOR RACIAL JUSTICE: Paul Kivel, author of *Uprooting Racism: How People Can Work for Racial Justice,* will lead a focus group from 12-1 p.m. that meets again on Wednesday, April 23 and Tuesday, May 20. Sponsored by the UCSF Women's Resource Center and People for People. For location, call 476-5837.

Gates

BROWN BAG LECTURE: Elena Gates, chief of obstetrics and gynecology, presents *What Every Woman Should Know About Pregnancy,* a discussion of ethical issues confronting pregnant women, such as genetic testing and premature delivery, noon, Herbst Hall. 476-4394.

KOOP SPEAKS IN FRESNO: Former US Surgeon General C. Everett Koop, who gained prominence for his criticism of the tobacco industry, speaks at the annual UCSF-Fresno Foundation spring dinner at the Centre Plaza Holiday Inn in Fresno. Call 209/433-6203.

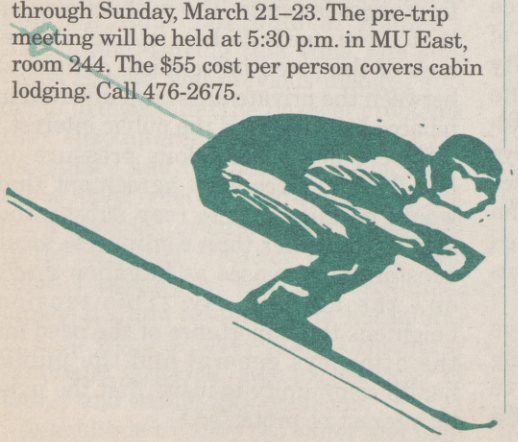
AIDS UPDATE ON CABLE TV: Andrew Sandler, UCSF resident in medicine, will discuss the diagnosis and treatment of Kaposi's Sarcoma on San Francisco Cable Channel 35 at 8:30 p.m. The show will be rebroadcast on March 19 at 2:30 and 10:30 p.m., and again on March 21 at 9:30 p.m.

19 Wednesday

BROWN BAG LECTURE: Nancy Milliken, director of the UCSF Center of Excellence in Women's Health, presents *Challenges Facing Women's Health Care,* a discussion of past successes of the women's health movement as well as current challenges that need to be addressed, 12:10-1 p.m., N 225. Call 476-4394.

NUTRITION FOR PEOPLE OVER 40: Learn about calcium requirements, normal body weight changes, caloric needs and osteoporosis at either of two free lectures, 12:15-1 p.m. and 5:15-6 p.m., at the Millberry Conference Center.

UCSF/EMPACT SKI TRIP MEETING: The group's first ski trip weekend is planned for Friday through Sunday, March 21–23. The pre-trip meeting will be held at 5:30 p.m. in MU East, room 244. The $55 cost per person covers cabin lodging. Call 476-2675.



20 Thursday

FALL QUARTER ENDS

UC REGENTS MEET

BROWN BAG LECTURE: Karen Erlichman, a clinical social worker at UCSF, presents *Working Women: You Owe it to Yourself,* practical perspectives for women to improve self-esteem and increase personal confidence, 12-1 p.m., MCB 125. Sponsored by Public Service Programs. Call 476-4394.

21 Friday

UC REGENTS MEET

UCSF SPRING HOLIDAY

ENERGY TUNE-UP TIPS: Jocelyn Oliver, president of the Association for Humanistic Psychology, will present theories and kinesthetic tools to transform inner states, reduce stress, enhance learning, mental clarity and self-healing, noon, N 217. Sponsored by the Institute of Healing Arts and Sciences. Call 330-5353.

22 Saturday

UCSF AUXILIARY/FAO SCHWARZ EASTER EGG HUNT: See page 7 to register.

FINDING YOUR VOICE WORKSHOP: Karen Erlichman, clinical social worker at UCSF, presents *Finding Your Voice: Assertiveness Training for Women,* a workshop focusing on practical strategies for women to assert themselves more powerfully in the workplace, in intimate relationships, and in day-to-day interactions, 12:30-5 p.m., C 254. Call 476-5222.

SAMBA BALLROOM DANCE WORKSHOP: Millberry Fitness Center Studio 1, 5-7 p.m., $10-14. Call 476-0350.

24 Monday

BETTER VISION NOW: David Hwang, associate professor of ophthalmology, will talk about new surgery options for the correction of nearsightedness and astigmatism. UCSF Beckman Vision Center, 8 Kirkham Street. 6 p.m. Free. Call 476-5021.

25 Tuesday

VIDEO DOCUMENTARY "WISECRACKS": *Do women perform comedy differently than men?* This video explores that question through interviews with Ellen Degeneres, Whoopi Goldberg and Paula Poundstone, 5:15-7 p.m., HSW 303. Sponsored by Women in Life Sciences. Call 476-5222.

BETTER VISION NOW: Douglas Holsclaw, UCSF assistant clinical professor of ophthalmology, Thomas Rowley, clinical ophthalmologist and Carl Jacobsen, clinical optometrist, both from UC Berkeley School of Optometry, will talk about new surgery options for the correction of nearsightedness and astigmatism, 6 p.m., UCB School of Optometry. Call 476-5021.

26 Wednesday

BROWN BAG LECTURE: William Parmley, chief of the department of cardiology, presents *Hypertension: The Silent Killer,* 12:10 p.m., N 225. Call 476-4394.

MUSIC IN THE LIBRARY RECITAL SERIES: An evening of jazz, poetry and blues with the Dr.'s Jazz Ensemble and Steve Leonoudakis, blues harpist, 5:30 p.m. in the Lange Reading Room, sponsored by the Sarah B. Childs Chamber Music Fund. Call 476-6761.

27 Thursday

TAY SACHS SCREENING FOR PREGNANT COUPLES: Sponsored by the Northern California Tay-Sachs Disease Prevention Program. For appointments, call 476-4080.

POETRY READING: Devorah Major, a published poet, fiction and essay writer, is the featured reader at this year's Women's History Month poetry reading, 12-2 p.m., Toland Hall. Call 476-8725.

CONTINUING EDUCATION

MEDICINE

Bay Area Seminars in Cytopathology. Thursday, Jan. 9 through Thursday, May 8. San Francisco.

Aesthetic Surgery Symposium. Thursday, March 20 through Saturday, March 22. San Francisco.

Annual Review in Family Medicine. Wednesday, March 26 through Friday, March 28. San Francisco.

Advances in Emergency Medicine. Wednesday, April 9 through Friday, April 11. San Francisco.

General Surgery Postgraduate Course. Thursday, April 24 through Saturday, April 26.

Advances in Infectious Diseases. Wednesday, April 30 through Friday, May 2. San Francisco.

Current Issues in Anatomic Pathology. Thursday, May 22 and Friday, May 23. San Francisco.

For more information, call 476-4251.

DENTISTRY

The Changing Face of Pediatric Dental Practice. Saturday, March 15. UCSF Campus.

The Wendell Wylie Memorial Orthodontic Lecture. Saturday, March 22. Laurel Heights Conference Center.

Update in Dental Hygiene Techniques and Therapy. Saturday, May 3. UCSF campus.

Clinical Treatment for the Management of Fearful and Anxious Patients: A Balanced Approach to Pharmacology and Psychology. Friday, April 11. UCSF Campus.

Street Drugs. Saturday, April 12. UCSF Campus.

For more information, call 476-1101.

INFORMATICS CLASSES

The UCSF Library offers the following Informatics Training Seminars. Classes are held in S 165A Medical Sciences Building (MAC), the ILC Classroom at 222 Library (PC) and the San Francisco General Hospital Library (SGFH). Please call 476-2337 for a complete schedule or check out the Informatics website at www.library.ucsf.edu/ed/class/

Clinical Information on the World Wide Web. Monday, March 17, 10 a.m.-noon (PC) and Tuesday, March 25, 10 a.m.-noon (SFGH)

Subject Searching on Medline. Wednesday, March 19, 3-5 p.m. (SFGH)

Introduction to the Internet. Monday, March 24, 2-4 p.m. (SFGH)

Introduction to MELVYL Databases. Tuesday, March 25, 3-5 p.m. (PC)

The World Wide Web. Thursday, March 27, 10 a.m.-noon (SFGH)

Writing for the World Wide Web: HTML. Friday, March 28, 1-4 p.m. (PC)

COMPUTER TRAINING

Facilities Management offers the following classes for PC users. All classes held at the FM Training Room, 3130 20th Street. Shuttles leave from UCSF/Mount Zion, Parnassus and SFGH. Half-day class is $135, full-day is $215. Call 476-6825.

Excel III. Monday, March 17, 1-4 p.m. and Thursday, March 20, 1-4:30 p.m.

Word III. Tuesday, March 18, 8:30 a.m.-noon and Thursday, March 27, 1-4:30 p.m.

Excel IV. Tuesday, March 18, 1-4:30 p.m.

Word I. Wednesday, March 19, 8:30 a.m.-noon.

Excel II. Wednesday, March 19, 1-4:30 p.m. and Thursday, March 27, 8:30 a.m.-noon.

Windows I. Thursday, March 20, 8:30 a.m.-noon.

Windows II. Monday, March 24, 1-4:30 p.m.

Word II. Tuesday, March 25, 8:30 a.m.-noon.

Excel I. Tuesday, March 25, 1-4:30 p.m.

Access II. Wednesday, March 26, 9 a.m.-3 p.m.

DEVELOPMENT & TRAINING

Working Smarter, Not Harder. Tuesday, March 18, 8:30 a.m.-4:30 p.m. $100.

The UCSF Budget Process, An Overview. Wednesday, March 19, 9 a.m.-4:30 p.m. $60.

Cost Transfers. Thursday, March 20, 9 a.m.-noon. $40.

Resolving Employee Conflicts Before They Happen. Tuesday, March 25, 9 a.m.-4:30 p.m. $90.

Demystifying Gift/Private Grant Acceptance. Thursday, March 27, 9 a.m.-noon. $40.

General Ledger and Accounting. Tuesday, April 1, 9 a.m.-4:30 p.m. $50.

Presentation Skills. Wednesday and Friday, April 2 and 4, 8:30 a.m.-4 p.m. $90.

Vendor Payments. Thursday, April 3, 8:30 a.m.-noon. $40.

Travel Expense Processing. Thursday, April 3, 1-4 p.m. $40.

Productive Communication for Managers and Supervisors. Tuesday and Friday, April 8 and 11, 9 a.m.-noon. $80.

For more information, call 476-4032.

INFANT CLASS: The UCSF Child & Elder Care Referral Service presents *The Development of Self-Esteem in Infant & Toddlers,* a class to be held from 5 to 7 p.m. in S 178. To register, call Pauline Lee at 502-7816.

AIDS CLINICAL RESEARCH SEMINAR: W. Lawrence Drew, UCSF director of clinical microbiology and infectious diseases, and Ed Mocarski, Stanford chair of microbiology and immunology, present *Cytomegalovirus Pathogenesis and Antiviral Resistance,* 3:30-5 p.m., at the Gladstone Institute of Virology and Immunology Library, SFGH. Call 476-4082, ext. 124.

COLE HALL CINEMA: Millberry Arts & Performances presents *Trainspotting.* Rated R. UCSF students and MU members, $2.50; UCSF staff, seniors and other students, $3; general public, $3.50. Cole Hall. 5:45 and 8 p.m. (Film subject to change). Call 476-2542 or visit www.ArtsPerf.ucsf.edu.

A note on retirement

The first UC Retirement System Semi-Annual Account Statements, covering July 1, 1996 through Dec. 31, 1996, were recently mailed. These statements reflect account activity for all UC managed plans in which you participate, including theUC Retirement Plan. If you were a UC employee during any part of the last six months of 1996 and have not received a statement by March 19, please call the Benefits/Financial Planning Special Projects Line at 476-6387.

28 Friday

HOSPITAL NEW EMPLOYEE ORIENTATION: Langley Porter Auditorium. 8:30 a.m.-1 p.m. Department personnel representatives call John Frank at 476-3001.

SF MIME TROUPE VISITS CAMPUS: A free performance of *Revenger Rat Meets the Merchant of Death* will be held at noon in Millberry Gym. Sponsored by the Tobacco Free Project, SF Department of Public Health. Call 476-6761.

COLE HALL CINEMA: Millberry Arts & Performances presents *Trainspotting.* Showings at 6:30 and 8:30 p.m. See March 27 for ticket information.

Location Key

ACC – Ambulatory Care Center, 400 Parnassus Ave.
C – Clinical Sciences Building, 521 Parnassus.
CL – Campus Library, 530 Parnassus.
HSW – Health Sciences West
MU – Millberry Union, 500 Parnassus.
N – School of Nursing.
S – Medical Sciences Building, 513 Parnassus Ave.
VAMC – Veterans Affairs Medical Center, 4150 Clement St.

What's Happening

Regular meetings and ongoing support groups

Sunday

Healing Garden Working Days: UCSF/Mount Zion Cancer Center Healing Garden, 2356 Sutter. Call for dates: 885-3693.*

Monday

Art for Recovery: Monday and Thursday afternoons. Cancer Center, Infusion Center, second floor. Call Cindy Perlis at 885-7221.

Drop-in Support Group for Women Living with HIV/AIDS: Free lunch and beverages provided. A 45. 11 a.m.-12:30 p.m. Call 476-2417 or 476-9289.

Health Professionals in Recovery: For physicians, nurses, dentists, pharmacists, PhDs and others. Anonymous, 12-step emphasis. Meets twice a month. Noon. Call 476-8279.

Friends of Lois Al-Anon Meeting: Closed meeting: for friends & families of alcoholics only. Room 521, MCB. After Jan. 1, will meet in Room 3, MCB. Noon. Call 626-5633.

Breast Cancer Support Group: J 223, UCSF/Mount Zion Cancer Center, 2356 Sutter. 6-7:30 p.m. Pre-registration required. Call Debra Marks at 750-3155.

Colorectal Cancer Support: Second and fourth Mondays. Room 114, UCSF/Mount Zion Cancer Center, 2356 Sutter. 6:30-8:00 p.m. Call 885-7585.*

Melanoma Support Groups: Meets first and third Mondays for patients and family members. Room 114, UCSF/Mount Zion Cancer Center, 2356 Sutter. 6:30-8:30 p.m. 885-7585*

AIDS Health Project Meditation & Self-Hypnosis Workshop: Weekly discussion group for anyone dealing with HIV or AIDS in themselves or others. Gazebo Room, Davies Medical Center 7-9 p.m. Call 476-3902.*

Tuesday

SFGH Circle of Sisters: Monthly networking forum for black women working and studying at UCSF/SFGH. Call 206-8314.

UCSF Staff Council Meeting: Third Tuesdays. 11 a.m.-1 p.m. S 609. Call 476-9977.

MHONA: For victims of trauma with cross disabilities. Ages 15 & over. A 222, LPPI. 10 a.m.-noon. Helpline at 759-7923 provided daily, 7 a.m.-10 p.m.*

Exercise & Physiology Class for Cancer Patients & Survivors: Mount Zion Cardiac Care Gymnasium. 12:30-1:30 p.m. Pre-registration required. Call 885-3693.*

Institute of Healing Arts and Sciences Meditation Class: Tuesdays. Noon-1 p.m. Call 563-4459 for location.*

Gospel Choir Rehearsal at UCSF: Weekly at MCB. Noon. Call 502-0106.*

Parkinson's Disease Education & Support Group: For people with Parkinson's & their caregivers. Third Tuesdays. Christ Church, Lutheran, 1090 Quintara (at 20th Ave.). 2-4 p.m. Call 476-9276.*

Parnassus Players: UCSF's theater group meets first Tuesday at Millberry Union Conference Center. Times vary. Call 921-3231.*

Nurses' Pain Association Meeting: Second Tuesdays. 5:30-7:30 p.m.* Call 476-6100 ext. 40225 for location and topic.

Women's Psychotherapy Group: Langley Porter. 6:00-7:30 p.m. For eligibility requirements and registration call Elaine 931-1958.

Gynecological Cancer Support Group Forming: 6:00-7:30 p.m. For location and registration call Debra Marks at 750-3155.

UCSF Leukemia Society Family Support Group: Families and patients welcome. Second Tuesdays, 6-7 p.m. Room S-170. Call facilitators first at 476-4052 or 476-5965.

Brain Tumor Support Group: First Tuesdays. C 130. 7:00-8:30 p.m. Call 284-0208.*

Gay Men's Therapy Group: Tuesdays, 6-7:30 p.m. Call 353-7277.*

*OPEN TO THE PUBLIC

Wednesday

Gay, Lesbian, Bisexual Association at UCSF Meeting: Second Wednesdays. Members of the Chancellor's Committee on Gay, Lesbian & Bisexual Issues attend. Call 282-9650.

Support Group for Family/Friends of Those with Mental Illness: For those interested in psychiatric disorders and treatments. Call Laura Deering-Mayclin at 476-7394.*

Latin American Campus Association Meeting: Second Wednesdays. HSW 508. Noon. Call Lucia DeLeon at 476-2010.

Latin Women Coalition: For Latina faculty, staff and students. Noon-1 p.m. Call 476-7117.*

Parnassus Al-Anon Meeting: For friends and families of alcoholics. Observers welcome. C 417. Noon-1 p.m. Call 626-5633.*

Tai Chi Classes: Staff welcome. UCSF/Mount Zion Cancer Center. Healing Garden, 2356 Sutter. 12-1 p.m. 885-3693.*

Elder Care Resource Class. Wednesdays 12:00-1:00 p.m. C 258 and Thursdays, 11 a.m.-noon, Room 3 Mission Center Building. Call Jane Mahakian, 476-2692.

Alcoholics Anonymous Meeting: Closed meeting: Conference Room 3, first floor, MCB. 12:05 p.m. Call 621-1326.

MHONA: For victims of trauma with cross disabilities. Ages 15 & over. Two locations & times: A 222, LPPI, 1-3 p.m., and N 517, 7-10 p.m. Helpline also provided daily, 7 a.m.-10 p.m. at 759-7923.*

Trauma/Injury Support Group: First and third Wednesdays. SFGH Library, Bldg. 30, room 3101. 2:30-4 p.m. Call Laurie Barkin at 206-8402 or Dr. Yigal Ben-Haim at 753-1000.

Incest Survivor Support Group for Women : Must attend for one year. 5:30-7 p.m. For screening, call 476-7526 or 476-7085.

San Francisco City Chorus Rehearsal: 7 p.m. Call 765-SONG.

Eating Disorders Support Group: Open to anyone dealing with an eating disorder in themselves or others. Meets first and third Wednesday. M 688. 7-8:30 p.m. Call 332-3425.*

Co-Dependents Anonymous Meeting: 12-step program for people with dysfunctional relationships. A119, LPPI. 8-9:30 p.m. Call 432-3529.*

Long-Term Psychotherapy Group: Meets 5:30-7 p.m. Contact Elaine at 476-7442.

Thursday

AWAKE Meeting: Alert, Well And Keeping Energetic is a support and education group for people with sleep apnea and their families. Third Thursdays. Bring CPAP equipment for check-up. Call 885-7886.*

Gospel Choir Rehearsal at UCSF: Weekly rehearsals at Parnassus. Noon. Call 502-0106.*

Black Caucus: First Thursdays. Noon. Call KING hotline at 502-KING.

Head & Neck Cancer Surgery Support Groups: Separate groups for patients and families meet on second and fourth Thursdays. J 221, UCSF/Mount Zion Cancer Center, 2356 Sutter. 1-2 p.m. Call first 885-7623.*

Association of Clinical Research Nurses Meeting: Meets every other month, alternating between UCSF and Stanford. 5:45-7:30 p.m. Call 476-0683.*

Support Group for Women Living with Life-Altering Illness: Alternate Thursdays. 6-8 p.m. Call 775-2854 to pre-register.*

Friday

Circle of Sisters: Networking forum for black women working and studying at UCSF. Second and third Fridays. Noon-1 p.m. Call 502-5666.

Weight Watchers Meeting: S 159. Noon-12:45 p.m. Call 476-6148 or 476-6241.*

Alcoholics Anonymous Meeting: Closed meeting: C 417. 12:10-1 p.m. Call 621-1326.*

Goldman Institute on Aging Caregiver Support Group: First Fridays. $10 per meeting. 3330 Geary Blvd. 2-4 p.m. Call 986-2305.

For information on 12-step and support groups call the Bay Area Self-Help Center at 772-4357 or the Mental Health Association of San Francisco at 882-6230.*

Newsbreak deadline

Tuesday, March 18 is the deadline for items to be listed in the next calendar, which covers March 29-April 11, 1997 (two weeks). Complete information must be received in our office in writing by 11 a.m. on that Tuesday. Send information for the calendar to Brad Foss at (bfoss@itsa.ucsf. edu), mail it to Box 0462, send a fax to 476-3541, or bring it to UCSF/ Laurel Heights, 3333 California St., Suite 103 or call 476-3163. To submit information for Newsbreak/ Medsounds send email to Lisa Cisneros at (cisnero@itsa.ucsf.edu), or fax it to her at 476-3541.

Breast cancer screenings

Women can have low-cost mammograms — X-rays to screen for breast cancer — from a mobile van that travels to convenient locations in the Bay Area.Women need the approval of their physician, in addition to their doctor's full name, address (including room number & zip code) and phone number to assure that results are mailed promptly. The procedure takes approximately 20 minutes and costs $75. Call 476-2193 between 9 a.m. and 3 p.m. to make an appointment. Listed below are dates when the van will be at UCSF locations. Call 476-2193 for a full schedule.

- Thursday, March 27: UCSF/ Lakeshore Plaza, 1501-1599 Sloat Blvd.
- Wednesday, April 2, UCSF/Lakeshore Plaza.

UPCOMING EVENTS

Men's health forum

Prevention, current treatment and the latest research in men's health issues will be discussed at the next community health education lecture, on Saturday, March 15, from 8:30 a.m. to 12:30 p.m. at Laurel Heights Conference Center. Joseph Presti, assistant professor of urology, will talk about prostate cancer and Jay Luxenberg, associate professor of medicine, will talk about male menopause and sexuality. The program is free, but preregistration is required. Call 750-5342.

Institute on aging celebrates ten years

The Institute for Health and Aging celebrates its 10th Anniversary on April 2, from 3:30 to 6:30 p.m., at the Laurel Heights Conference Center with lectures by Walter Bortz, past president of the American Geriatric Society and a specialist in internal medicine at the Palo Alto Medical Foundation, and Shirley Chater, Regents professor at the institute and former US commissioner of Social Security. There will be an open house prior to the lectures, and a reception afterwards in the Regents Room. For more information, call 502-5200.

It's gala time

Tickets for the 1997 Black and White Gala, April 4 at the San Francisco Gift Center Pavilion, are still on sale. The evening includes hors d'oeuvres, dancing and live music from the Bay Area band Pride and Joy. Advance tickets are available to UCSF staff and students at a discounted rate of $10 before the event at the Millberry Union Central desk, or $15 at the door. Call 476-2675 for more information.

Rape awareness week

The Women's Resource Center will inform the campus about rape prevention, with ribbon pinnings and information available in the second floor lobby of the Medical Sciences Building from 10 a.m.-noon on Tuesday, April 8. Get information about helping rape victims in the clinical setting, local resources and facts about sexual violence and self-defense. Safety whistles will be distributed for free. On Wednesday, April 9, there will be a showing of "Patently Offensive: Porn Under Siege," an award-winning video about the social and historical context of pornography, which engages the range of views represented by people who defend and condemn its place in society.

Pingpong tourney

This UCSF-sponsored tournament is open to students, employees, Millberry members, and members of the United States Association of Table Tennis (if space permits). Entry deadline for the Saturday, April 12 tournament to be held in Millberry Union gym is April 7. All skill levels welcomed. Sponsored by EMPACT! Pick up an application at the Millberry Fitness Desk or call 469-9718 for more information.

Wilderness first-aid course

A 20-hour wilderness first aid course meets on April 17, 22, and 24, from 6 to 10 p.m., with a practical demonstration on April 26 from 8 a.m.to 5 p.m. In addition to Red Cross Standard First Aid topics, the course covers patient assessment, emergency scene management and wilderness care guidelines. For class location and more information, call 476-2078.

Daughters at UCSF day

Millie Hughes-Fulford, an adjunct professor of medicine who was a member of the Space Shuttle Columbia crew, is this year's lunchtime speaker for the 1997 "Take Our Daughters to Work Day," scheduled for Thursday, April 24. Faculty and staff will introduce children to various career paths to bolster their interest in academic achievement. Registration programs will be sent via campus mail at the end of March.

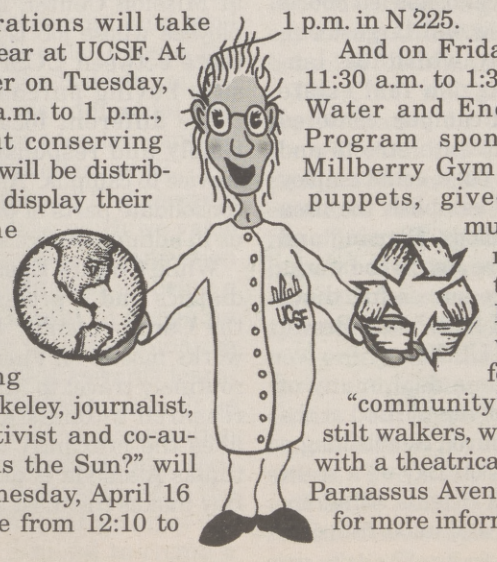
Volunteer to read

A new program that aims to promote reading in the home and to instill a love of books in children as part of preventive health care seeks volunteers. "Growing With Books," which begins in April at SFGH, is looking for people 16 years and older to read to children in the pediatric clinic waiting room, providing a model to parents and families. As part of the program, pediatricians and nurse practitioners will incorporate literacy issues and introduce developmentally and culturally appropriate books during the child's regular visits. Studies show that early exposure to books through book sharing and reading aloud are important factors in preventing reading problems later in life. To get involved, contact the Volunteers Office at SFGH at 206-8193.

Dermatology update

The "Advanced Dermatology Update: A Consultant Course for Practicing Dermatologists" will be held Friday and Saturday, May 9 and 10 at the Laurel Heights auditorium, beginning at 7:30 a.m. on both days. The program emphasizes areas of clinical dermatology where advances in understanding pathophysiology and therapies have been made. To register, call 476-5808.

EARTH WEEK ACTIVITIES



Earth Day celebrations will take many forms this year at UCSF. At the Mission Center on Tuesday, April 15, from 11 a.m. to 1 p.m., information about conserving water and energy will be distributed, children will display their artworks at the child care center, and food and baked goods will be on sale. Dan Berman, a visiting scholar at UC Berkeley, journalist, environmental activist and co-author of "Who Owns the Sun?" will speak at the Wednesday, April 16 Brown Bag Lecture from 12:10 to 1 p.m. in N 225.

And on Friday, April 18, from 11:30 a.m. to 1:30 p.m., the UCSF Water and Energy Awareness Program sponsors a fair in Millberry Gym featuring giant puppets, give-aways, games, music, food and local merchants selling their wares. Wise Fool Puppet Intervention, a performing "community" of puppets and stilt walkers, will begin the event with a theatrical procession down Parnassus Avenue. Call 476-3257 for more information.

Managing facilities for a brighter future

By JOE ROSATO

You may have noticed that things look a bit brighter in the Medical Sciences building.

Two-thirds of the lights in the building have been retrofitted, their lamps replaced with thinner tubes, and fixtures have been cleaned of dust and dirt. All this work means better, more efficient lighting, says Dave Bohler of UCSF Facilities Management, who spearheaded the UCSF Energy and Water Awareness Program. He estimates these improvements could result in a 30 percent reduction in energy use.

Modernization projects to limit water leaks and upgrade lighting fixtures are part of the ongoing campus effort to preserve resources. More improvements are on the way.

The schools of nursing and dentistry will receive the treatment next, most likely before the end of 1997, Bohler says. Surveys have been completed on how to improve lighting efficiency, and the next step is to do the work. And within the next two months, Bohler says, surveys will be completed in the library and at the Langley Porter Psychiatric Institute to assess their needs.

A future project will see the design and replacement of the air conditioning system for Health Sciences East. New air handling fans and controls and a new exhaust system on the roof will provide a "better environment" for faculty, staff and students. The University will benefit from a more efficient, energy-saving system that produces more air conditioning at less cost. Construction is expected to begin in July 1998, Bohler says.

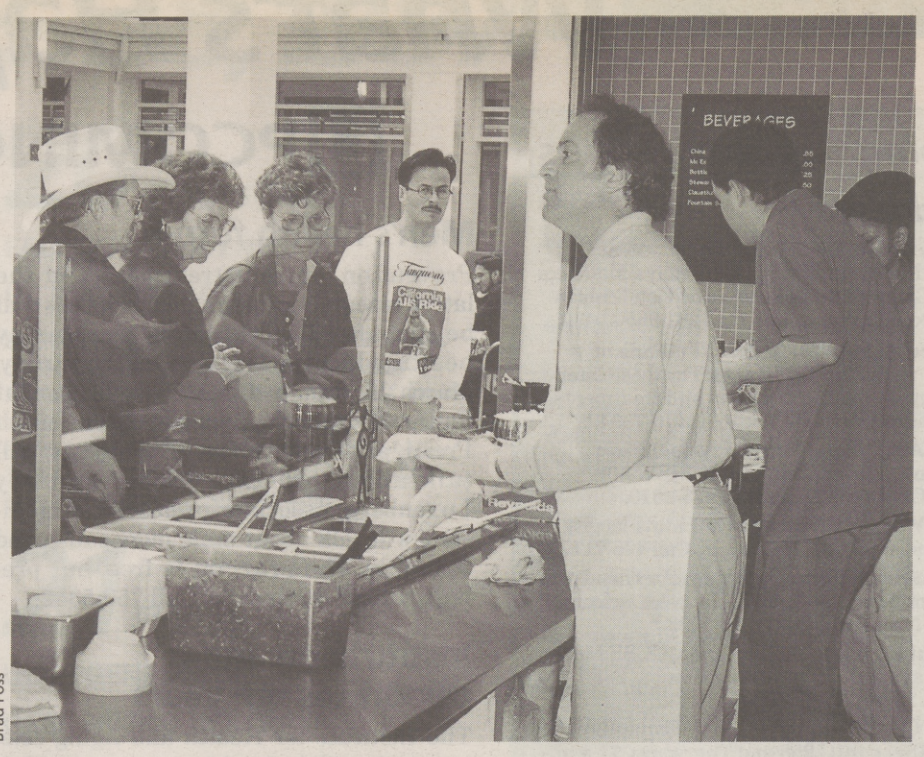
The department also intends to contract for a survey to find out how much water is being wasted. The information would be used to find solutions to eliminate or at least minimize wasted water.

UCSF buys 94.4 million kilowatts of electricity from PG&E at a cost of more than $7 million and spends another $2.2 million for the more than 300 million gallons of water it consumes at all sites.

"We not only use more energy and water than we should at UCSF, but if we can save on those resources, we can save on our utility bills, which will give us funds to do other work on campus," says Bohler.

He is also following up on faculty, staff and students who call the hotline at 502-8350, send email to hydrowatt@fm.ucsf.edu or visit the campaign website at www.fm.ucsf.edu/energy.htm.

"It's too early to see any impact on total usage, but I'm sure whatever impact we've made, our resource usage would have been higher if we did not have an awareness or retrofitting program in place," says Bohler, adding that it could be another year before savings can be measured.



Brad Foss

Back in the burrito business

Folks line up for lunchtime burritos being served at Tortola, the first fast-food vendor to open in the newly revamped Millberry Union Plaza.

MEDICAL CALL BOARD

Parkinson's Disease

UCSF's Parkinson's Disease Clinic is participating in a national study to explore genetic factors related to Parkinson's Disease. The long-term goal of this research is to find out how these genetic factors cause Parkinson's Disease, with the hope of finding more effective therapies.

Researchers are looking for families with at least two people who have or have had the disease. Participants will be asked a few questions about their family/medical history and neurologic symptoms. This may be done by telephone or in person. The second part of the study, which takes about 15 minutes, is a neurologic examination including an evaluation of Parkinson's symptoms using a standardized rating scale. The third part of the study involves having about one tablespoon of blood drawn, which takes about five minutes. For more information or to volunteer for the study, please contact Glenna Dowling at 476-9276.

HIV partners

UCSF researchers are seeking Northern California couples to participate in a study to find effective ways to prevent HIV transmission between couples with one HIV-positive partner.

Eligible couples must be heterosexual, sexually active together, and at least 18 years old. Spanish-speaking couples are welcome. One partner must be HIV-positive and the other must be known or presumed to be HIV-negative.

UCSF researchers from the California Partners Study will follow participants for one year, conducting interviews and free laboratory tests for HIV, STDs, and pregnancy, and educational counseling. All couples will be offered referrals to services near their homes.

All study visits are confidential and participants will be compensated for their time. All study visits take place at agencies and organizations convenient to participants. Couples interested in participating in the study should call 800/262-2430.

Stress and HIV

A new research project at the UCSF Center for AIDS Prevention Studies will examine how gay men living with HIV are coping with the new stresses of the changing epidemic. Eligibility requirements include, gay HIV-positive men with a CD4 count of more than 100 cells per milliliter, who are 21 years of age or older. Call the CHANGES Project at 597-9169 for more information.

Wellness abstracts due April 4

To improve the health of Californians, the California Wellness Foundation and the UC Office of the President invite UC faculty to submit an abstract and application to prepare a paper and present an hour-long lecture drawn from the paper to their campus community.

The deadline to submit abstracts and applications is Friday, April 4 at 5 p.m. Send completed packets to Coordinator, Wellness Lectures Program, UC Office of the President, 300 Lakeside Drive, 18th floor, Oakland, CA 94612.

Original papers with all graphics, suitable for publication and in final form are due Wednesday, Sept. 3.

Awardees receive $3,000 with an additional $1,000 to cover research assistance and editing expenses. The award announcement will be made in June.

The California Wellness Foundation has designated priority subject areas as follows: work and health, violence prevention, teen pregnancy and birth prevention, community health, population health measures and methods in pursuit of better health.

WEB SIGHTS

The ups and downs of digital doctoring

As medicine attempts to meet the needs of the cyber-populace, wellness on the Web will continue to evolve.

Like most service industries, health care is adapting for online consumers who in record numbers are turning toward the Web for information about what ails them. Those looking to self diagnose will find a plethora of advice to sift through. Yet, perhaps more than any other electronic subculture, people who visit a website before they visit their doctor should be especially wary, if not well informed, about the possible pitfalls.

Sease

Nearly every clinically oriented medical website adds a disclaimer about consulting a physician before ascribing to any treatment. If it doesn't, it's probably twice as important to do so.

Access Health Inc. (www.access-health.com), a company that develops health care information services for HMOs, employers, and health providers encourages its browsers to gravitate to "personal health management: a process designed to educate and empower consumers to make the most informed decisions about their health." If this is to be the case, the contribution and informed opinions of the medical community will make a significant difference in the credibility of such digital doctoring.

There are many reliable on-line sources for medical information, including the Virtual Hospital (vh.radiology.uiowa.edu), Columbia University's Go Ask Alice (www.columbia.edu/cu/healthwise/alice.html), and the Mayo Health Clinic's Health Oasis (www.mayo.ivi.com/ivi/mayo/common/htm). These and other websites affiliated with academic medical institutions are usually a safe bet for accurate health information for the general population.

Unfortunately, in many cases, Web searches for a particular term yield less reputable results. For instance, a search via the popular consumer search engine Yahoo for the term "eczema" yielded four homeopathic and naturopathic remedies, two over-the-counter "miracle" cures, and one link to a mailing list. The search failed to provide any conventional medical sources.

The dangers awaiting the unsuspecting medical site patron include anything from misdiagnosis to bogus cures. Finding erroneous information on the Web is not surprising, however, given that even common medical sources, such as the Physicians Desk Reference, can be inaccurate and outdated.

Of course, the obvious advantage of the Web is its immediacy. C-Net, a leading Internet news service (www.news.com), recently addressed these concerns and several others in a series of four articles entitled "Medicine by Modem" (Feb. 14, 1997). The enlightening series examines "digital doctors" who answer questions over the Net, the influence of pharmaceutical companies which promote themselves on the Web, the empowering qualities of the electronic medium as patients find support groups and treatment, and a historical perspective of healthcare on the Web. A collection of links to various medical resources on the Web is included.

Indeed, it is not just news agencies that are concerned about computer health care. A number of sites exist specifically to track misleading or falsified medical information on the Web. The National Council Against Health Fraud (www.ncahf.org), the American Council on Science and Health (www.acsh.org) and Quack Watch (www.quackwatch.org) seek to edify web users by debunking the claims of disreputable sites, while at the same time serving as watchdogs for the Federal Food and Drug Administration.

The full text of this article with hyperlinks may be found at (www.ucsf.edu/hot/sights).

— Robin Sease, UCSF web developer

Campus (from page 1)

offer by Brisbane land owner, Tuntex Properties, to donate to UCSF a 50-acre parcel of property near Candlestick Point.

Mayor Willie Brown, eager to get UCSF to expand in San Francisco, has led efforts to attract the City's second largest employer to Mission Bay, which has languished due to a sluggish real estate market. The proposed campus, centered around Third and Sixteenth streets and extending to the Bay's edge, could employ as many as 9,000 and establish the area as a hub for biotechnology. Housing and commercial ventures are also in the works in that area. "If we are successful, that's where UC will locate I hope," said Brown during a recent visit to UCSF.

While far from a done deal, many of UCSF's faculty and staff are pleased at the prospect of, or at least favor, establishing a second campus in Mission Bay — a scant distance from Parnassus Heights, San Francisco General Hospital and mass transit.

"I've always felt that Mission Bay, with its already approved environmental impact report, is the site to choose," says Ron Kos, chair of the Council of UC Staff Assemblies.

Kos, a manager in the accounting office at Mission Center, is one of many employees whose job is affected by the distance between UCSF's myriad sites. He says having purchasing personnel at three different locations inhibits the timely and responsive administrative service to campus. "Anything we can do to consolidate parts of this campus will help us in administrative services," Kos says.

While Charles Epstein, professor of pediatrics and a professor of medicine at the Cardiovascular Research Institute, works mostly on Parnassus, his lab staff routinely travel to Mission Center where research animals are housed. He too likes the proximity of Mission Bay and thinks Alameda is too far away. "Mission Bay makes the most sense," he says.

Medsounds

Pathologists laud swiftness of new technology

By BRAD FOSS

The UCSF Pathology Department has long sought a more efficient way to prepare clinical reports and to make patient care decisions with as little time delay as possible.

To expedite their time-consuming, but necessary procedure of transcribing audio diagnoses and long check-off lists into meaningful documents, they enlisted the help of the Medical Center's information systems experts. A new computer system was recently installed that allows pathologists specializing in autopsy, surgery and cytology alike, to edit reports online, thus eliminating considerable paperwork and delivery time.

"Even if there was a minor spelling error in a report, it had to come back to my department to be fixed," explains Don Leitz, senior administrative analyst in the department of pathology. With roughly 50,000 reports being generated annually, Leitz adds, the new system has boosted quality control and expediency.

The system, known as Co-Path, is "dictionary-driven." It recognizes thousands of medical terms that pathologists have input into the system and, as a result, is capable of organizing large amounts of data for diagnostic, accounting and insurance-related purposes. It also helps prevent spelling errors. Doctors are nothing less than ebullient about their new technology.

"It has reduced our turnaround time by five days in some instances," says Theodore Miller, a cytopathologist and interim chair of the department of pathology. "In (a cytologist's) usual diagnosis, most of the information can be input on a check-off list, but we were greatly slowed down when there was a significant amount of text that needed to be included in the report."

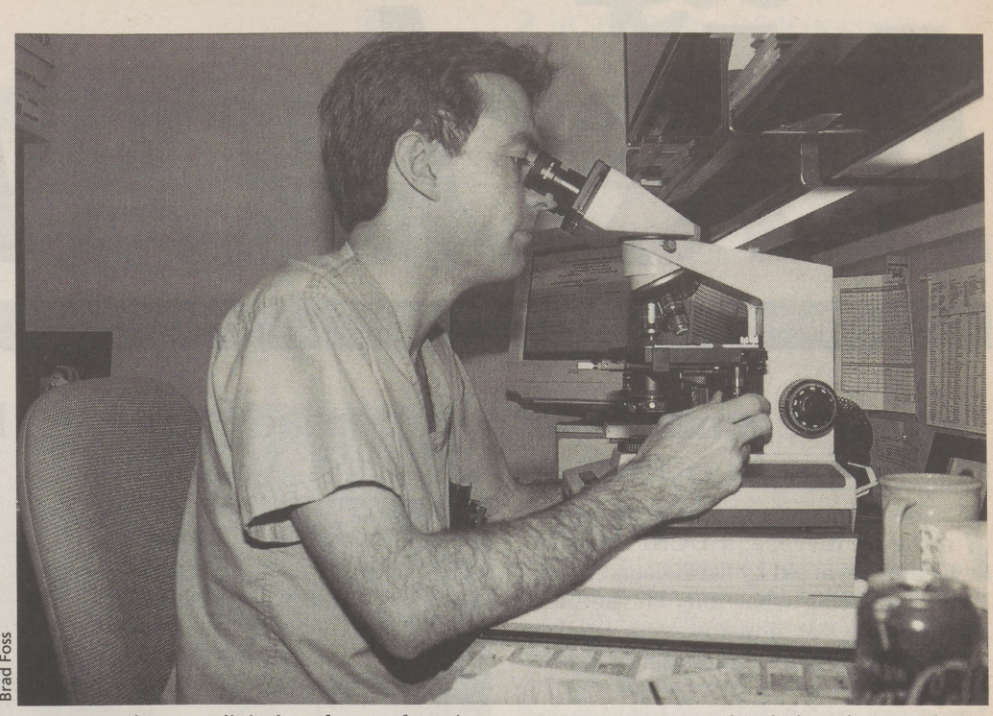
Charles Zaloudek, a pathologist specializing in gynecology, says "We're able to produce attractive reports more rapidly. And with this system, I can incorporate a reference or an abstract from a journal with the patient's report to the primary care physicians." This is especially useful, he adds, when a patient's condition is rare, and the literature from which the pathologist makes a report is limited.

Patient data that originates in the pathology department, or in any other department for that matter, is added to the Medical Center's Clinical Display System, where it is compiled and can be shared immediately.

But as patient records are further entrenched in health care, the issue of patient confidentiality is inevitably raised. Indeed, it is a patient's right to know who's looking at their file, says Gail Harden, systems implementation manager for the Medical Center, who helped set up Co-Path at UCSF.

"The system makes users change their security passwords regularly," Harden explains. "There's always a balance in how you can make information available to the people who need to see it, and how to protect it from the people who don't."

Other capabilities of this technology foreseen by pathologists include the electronic imaging of diseased tissue specimens and cell preparations, to be attached to a patient's diagnostic file, and a faxing system, to automatically send reports to other physicians.



Brad Foss

Harris Goodman, a clinical professor of cytology, screens PAP smears at his desk and enters data into a new computer system.

Reserve a spot for Easter egg hunt

The Hospitals Auxiliary of the UCSF Medical Center and FAO Schwarz invite the campus community to the fourth annual Easter Egg Hunt on Saturday, March 22, from 8:30 to 10 a.m., at the store located at 48 Stockton St. at O'Farrell.

Reservations for this hunt and shopping spree are required. Just fill out the reservation form below and mail it with a check for $35 per child to the Hospitals Auxiliary, UCSF, 505 Parnassus Ave., San Francisco, CA 94143-0208. Adults get in free.

FAO Schwarz/UCSF Hospitals Auxiliary
Annual Easter Egg Hunt & Shopping Spree

MARCH 22, 1997

☐ Please send _____ tickets at $35 per child.

☐ I/we will not attend, but wish to support the UCSF Hospitals Auxiliary or sponsor a child ($35/child) with the enclosed tax-deductible contribution of $ _____.

NAME _____

ADDRESS _____

DAYTIME PHONE/FAX _____

Hospitals Auxiliary at 415/476-4905. Fax 476-6708.
Reservations should be received by March 17, 1997.

CHAMP (from page 8)

heart to reveal calcium build-up in coronary arteries. Calcium-rich plaque deposits in these vessels form bottlenecks to the free flow of oxygen-rich blood and can serve as focal points where heart attacks can originate. Research suggests that elevated calcium deposits in these vessels, measured via ultrafast CT, is an independent risk factor for heart attack.

At the conclusion of the assessment, patients are given an individualized computer-generated cardiovascular risk profile. This profile includes a projected life span graph, indicating risk factors and the likelihood of developing coronary artery disease, and an individualized, comprehensive lifestyle-modification program with educational material. Depending on the results, additional testing, treatment or follow-up may be recommended.

Fortunately, Versaggi found out his heart is healthy. "I'm not saying you can go to McDonalds for lunch," quips Gary Caputo, a cardiologist who monitored the CT scan.

Those interested in an evaluation should call 476-6665 for more information.

Thanks (from page 8)

nearsightedness.

"It was really buzzing around here," recalls Barbara Gideon, director of marketing. "This is often one of the first points of contact with UCSF for many people. Although they're behind the scenes, they make an important first impression on the public."

And, the public makes an impression on them, too.

"The hardest calls are the cancer calls," says Whitling, who has been at UCSF for nearly 10 years. "Because many times these people have just recently been diagnosed."

As part of the service the referral specialists provide, they put patient information into a large database which is then used to learn about who seeks information and which segments of the population need further outreach.

"The most satisfying aspect of this job is that every day, when you go home, you know that you've played a part in connecting people to the help they need," Whitling says.

Letter (from page 8)

what we already do best. But, let me stress, we can only do that with the enthusiastic support of each one of you. We have a rare opportunity to start with a clean organizational slate and I challenge all of you to help design the most responsive, most effective and the most intelligent solutions to problems of patient care and customer service.

As the first employee of UCSF/Stanford Health Care, I also want to express to you the values that resonate most deeply for me as we embark on this new venture.

One critical value that we must work to reinforce — both externally and internally — is the permeating and inseparable nature of the academic mission for this new enterprise. It is the research, teaching and sheer clinical talent embodied in the faculties of our two medical schools that will set this organization apart in the marketplace, and we must take great care to nurture and respect the very thing that makes us great. In the long run, our contribution to the community and to medicine will be measured less by the health of our bottom line, and more by the degree to which we were able to help our two medical schools prosper and remain strong against the tough challenges they face today.

Secondly, although it too often seems to go without saying, it is well worth reminding ourselves that we are first and foremost in the business of providing compassionate care to patients. As caregivers, we occupy a unique position of trust in our society, and we must always design our organizational systems and incentives to be congruent with that fundamental value. We do this not only by delivering the best technical and scientific medicine available, but just as importantly by the concern we show for our patients' comfort, convenience, and level of understanding. We must extend the value of education to the bedside and beyond, and seek to raise individual and public awareness about complex issues of health and disease that affect us all.

Lastly, I believe we must find concrete ways to demonstrate how much we value our workforce, so that this organization quickly develops a reputation as being a great place to work. I want to design an organizational culture that is stimulating to be a part of — one that rewards learning and individual excellence as well as effective team work. For an organization of this size to function effectively, decision-making must be decentralized to the greatest practical extent, yet we must use every means at our disposal to create a harmony of broadly shared goals and values. For example, although we can expect continuing budget pressures of the type we have already witnessed, we must never lose sight of the fact that health care professionals and caregivers also have a deep responsibility to balance the technically and personally demanding challenges of caring for patients and can never be exclusively focused on bottom line concerns.

I'm confident that you share these three core values: concern for the academic mission, concern for patients, and concern for employees. But values are always easier spoken that lived. It will take effort from each one of us; it will take both words and deeds to create the kind of health care organization we all know is possible. I pledge myself to that task.

I know that many of your concerns right now may be of a more immediate and personal nature. Mergers are always unsettling. Questions about benefits, organizational structure, and personnel policies are foremost in everyone's mind. In the weeks and months to come, we will be communicating these details to you as they become known. It is an enormous task that must be accomplished within very tight time frames, so I beg your patience while we work out the details. In the meanwhile, I welcome your input. You can email me at Vanetten@leland.stanford.edu.

Wintroub (from page 8)

methodology as well as effective utilization and quality management for the group, which later merged with the California Pacific Medical Group to form Brown & Toland Medical Group.

Wintroub also leads the planning and development activities for the UCSF Cancer Center and sits on the Clinical Services Executive Board, a group that directs strategy for the UCSF Medical Center and the School of Medicine's clinical practices.

The CMO will be the chief physician representative for the new organization. He will chair the UCSF/Stanford physician group and, together with Bill Kerr, executive vice president and chief operating officer, will be responsible for organizing and implementing service lines. He also will be responsible for developing synergistic relationships between the new entity and the two medical schools, ensuring important roles for department chairs. Ultimately, according to the board's official job description for this position, "The CMO's primary challenge will be to ensure that UCSF/Stanford Health Care supports the academic mission of the Stanford and UCSF schools of medicine."

UCSF
Medsounds

Medical Center News for the UCSF Campus Community VOL. 12, NO. 5 MARCH 15, 1997

Team offers non-invasive approach to assess heart condition

By JEFFREY NORRIS

In the fight against sudden death due to heart disease, a UCSF Medical Center team led by cardiologist Philip Frost is offering what may be the most informative yet non-invasive testing available to uncover and measure hidden heart risks.

Both the out-of-shape and the apparently healthy can avoid joining the 250,000 Americans who will die unexpectedly from heart attacks in 1997 with no knowledge that they ever had cardiovascular disease. Evidence of heart disease often is present and detectable even when symptoms such as chest pain or shortness of breath are absent.

"Heart disease remains the number one killer of both men and women in the US, and sudden death is all too often the first symptom of heart disease," says Frost, professor of medicine at UCSF and a member of the UCSF Cardiovascular Research Institute. "UCSF physicians have the tools to identify the individual at high risk for heart attack and proven methods to reduce that risk."

Frost and colleagues have developed a service called CHAMP, for Cardiovascular Health Assessment and Modification Program, a battery of advanced, but simple-to-undergo tests that go beyond total cholesterol and blood pressure measurements to identify a broader range of known risk factors.

Frost recommends the screening program not only to those with known risk factors — smoking, obesity, inactivity, high blood pressure, diabetes, high cholesterol, and family history of heart disease — but also to anyone concerned about heart disease risk, particularly persons over 40 and especially middle-aged men, post-menopausal women and individuals ready to begin a rigorous exercise regime.

Chris Anderson

Cardiologist Gary Caputo shows patient Charles Versaggi a CT scan of heart after he underwent a battery of tests to assess the condition of his heart.

San Francisco native Charles Versaggi, 51, signed up for the program for two reasons. "On my mother's side of the family, heart disease is rampant," he says. "And during the last four years, I've embarked on a major exercise routine."

Frost's team offers CHAMP at three levels — bronze, silver and gold — of in-depth analysis. All three levels include a physical examination and assessment of health history, nutrition intake, cholesterol levels, heart rhythm (with electrocardiogram), and blood glucose.

The silver assessment, recommended for individuals with known risk factors, provides the basic evaluation plus either standard exercise treadmill testing for sedentary individuals interested in starting a vigorous exercise program or ultrafast CT coronary artery calcium screening.

Ultrafast CT is a powerful, non-invasive procedure in which an electron beam is used to scan and image the moving

(See **CHAMP** on page 7)

Blacks, Hispanics most likely hurt by heart disease

A team of UCSF researchers has found that African-American and Hispanic males die from heart disease and stroke about four years before white men do.

"A significant portion of racial disparities in mortality may be due to socioeconomic factors," they wrote in a recent issue of the Journal of Public Health Policy.

Overall, African-American men lose 18.2 years, Hispanic males lose 17.6 years and white males lose 13.5 years off their lifespan due to cardiovascular disease (CVD), according to Patrick Fox, associate professor, UCSF School of Nursing and a member of the UCSF Institute for Health and Aging.

"The bottom line is that African Americans and Hispanics die at earlier ages, which impacts income, families and society," says Fox, who points to a lack of culturally appropriate health education campaigns and access to healthy alternatives, such as exercise facilities.

Researchers called for heightening public education about heart disease by emphasizing simple lifestyle changes. In addition, they said medical schools should incorporate prevention training into curricula. "Given the narrow biological orientation to disease, medical training fails to adequately prepare students to understand and contribute to effective disease prevention efforts," they wrote.

Brad Foss

From left, Whitling, Criado and Barragan take a break to accept our THANKS.

Specialists guide patients to UCSF

As the Medical Center's "referral specialists," Jessica Barragan, Norma Criado and Carol Whitling play an essential role in informing potential patients about the best resources available to them at UCSF.

From primary care physician referrals to a physician consultation service, to information about managed care and cancer services at UCSF, these women manage crucial communications between UCSF's various clinical services and the patients who need them. For this, they have earned our THANKS.

Recently, the specialists handled more than 400 telephone calls in one day after news reports of a UCSF study of a laser procedure to correct

(See **Thanks** on page 7)

THANKS!
"To Honor, Acknowledge, and Note Kindness and Service"

An open letter to UCSF, Stanford employees

By Peter Van Etten, President and Chief Executive Officer of UCSF/Stanford Health Care

After an intense year of planning and discussion, we are finally at the starting gate in the creation of UCSF/Stanford Health Care. Although it is still too early in the process to make definitive announcements about structure or specifics, I nevertheless thought it was important to take this opportunity to begin to share with you my vision for the future and to open what I hope will be a lively and ongoing dialogue with the 10,000 future employees of this new organization.

We stand at the beginning of a great undertaking. The creation of UCSF/Stanford Health Care from the merger of two outstanding medical centers is more than a defensive response to a punishing managed care market. The history of our two institutions is one of incredible medical and scientific innovation — innovation that has changed the very fundamentals of how we view disease and treatment. I believe this merger gives us an unprecedented opportunity to be equally innovative in re-examining the fundamentals of how that academic mission — which is both precious and endangered — can best be organized and supported.

Of course, the minimum basic requirement for success in this venture will be our ability to reduce costs through overhead consolidation and other economies of scale, to remain competitive in our pricing, and to increase volume in those highly specialized services at which we excel. After being immersed in merger details for the past year-and-a-half, I have great confidence that our targets and expectations for success as a business proposition are both reasonable and achievable. It was gratifying to be confirmed in this belief by the investigations of the independent third-party review commissioned by the University of California Board of Regents.

But I believe that if we stop there, we will have missed an important window of opportunity to create a new model for the clinical component of academic medicine. Each of our institutions already has taken the first step in that direction by explicitly recognizing what it is that makes us special in this highly competitive marketplace for health services. Although we perform (and will continue to perform) many of the same services as community hospitals for patients in our community, our unique character as academic medical centers is clearly in the provision of new and highly specialized care to children and adults. That is what makes us different.

We must educate consumers and payers that because we are an academic medical center, the services which we provide are indeed exceptional. And we will do that by refining and building on

(See **Letter** on page 7)

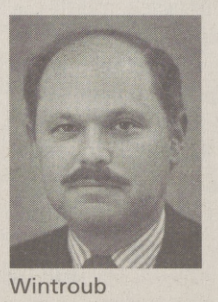
Board names Bruce Wintroub CMO

The Board of Directors of UCSF/Stanford Health Care named Bruce U. Wintroub, executive vice dean of the UCSF School of Medicine, to the position of chief medical officer (CMO) of the merged organization at its third meeting, March 10.

This appointment was based on the recommendation of Chief Executive Officer Peter Van Etten, in consultation with Eugene Bauer, dean of the Stanford School of Medicine, and Haile Debas, dean of the UCSF School of Medicine, in accordance with the procedure outlined in the new organization's bylaws.

The CMO will serve as a member of the board, along with the CEO, two deans and two other faculty members, Lee Goldman, chair of the Department of Medicine at UCSF, and Judith Swain, chair of the Department of Medicine at Stanford. In addition to the 11 members previously announced, this completes the board membership to 17.

Wintroub served as UCSF's chair of dermatology from 1986 to 1995, as associate dean for UCSF/Mount Zion since 1990, and as executive vice dean from 1995 to the present. His accomplishments include leading the formation of a medical group of full-time faculty and community physicians to develop a UCSF managed care organization called the Integrated Practice Group. This group, composed of primary care doctors and specialists, was committed to development of a successful managed care practice and education program. Wintroub developed a financial model and instituted capitation



Wintroub

(See **Wintroub** on page 7)